

# Crisis Intervention Teams (CIT)

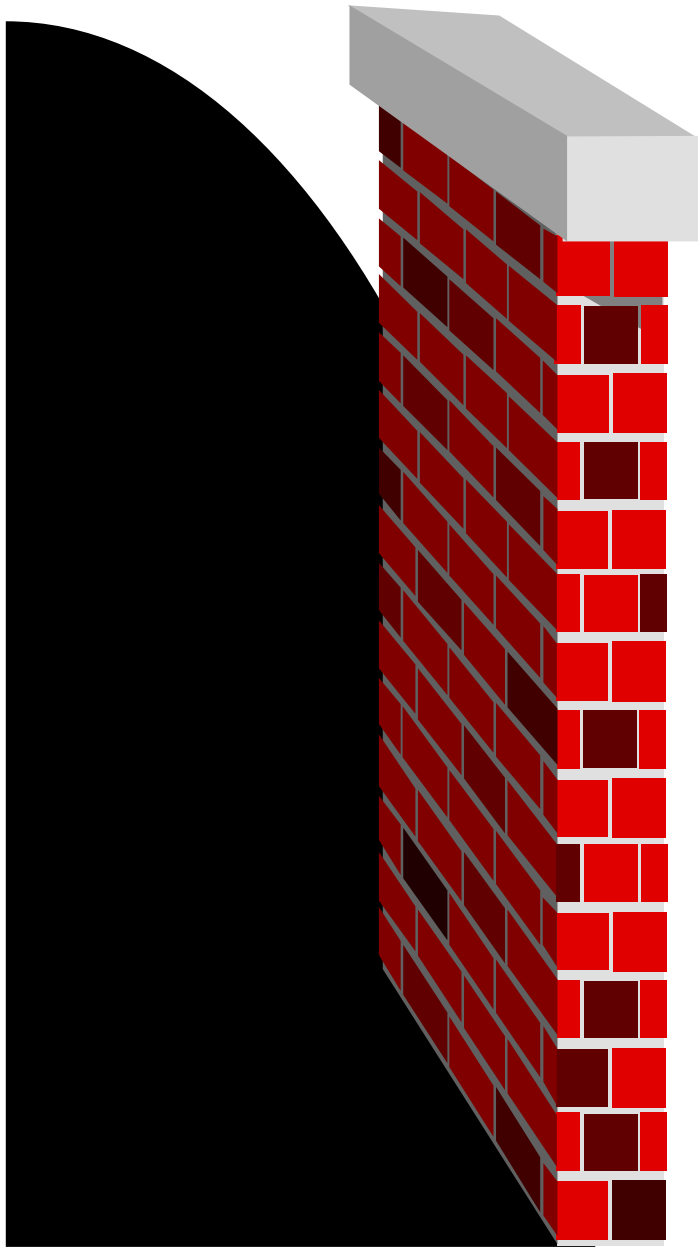
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**Lack of services or  
barriers to service will  
increase the likelihood  
that people with  
mental illness  
will end up in jail.**

# Psychiatric instability often results in legal problems.....

- About 20% of people with SMI who have been treated and released from a psychiatric hospital are arrested within one year of discharge - compared to 5% life time arrest rate for the general population.
    - ◆ Usually the arrest is for minor crimes...
      - ☞ Trespassing
      - ☞ Public Intoxication
      - ☞ Disturbing the public order
      - ☞ Impeding the flow of traffic
      - ☞ Drug related offenses.
- According to a recent Duke University study.

# High Rates of People with Serious Mental Illness in Jail

- Every year, about 800,000 people with severe mental illness are incarcerated in US jails.
- More than 8% - 16% of people in US jails have a serious mental illness.
- Women in jail have almost double the rate of serious mental illness as men.

# People with mental illness don't fare well in the criminal justice system

- Research shows that people with mental illness -
  - ◆ **Are more likely to be arrested** - In one study, 47% vs. 26% for non-MI following police encounters.
  - ◆ **Face more serious charges** - Are often charged with more serious crimes than others for similar behavior.
  - ◆ **Stiffer sentences** - Are sentenced more severely than other people with similar crimes.
  - ◆ **Often don't get treatment** - A U.S. Justice Dept study found 60% of people with SMI in jail don't get treatment.

# People with mental illness in the criminal justice system continued...

- ◆ **Serve longer in jail and prison** - Spend two to five times longer in jail and average 15 months more in prison.
- ◆ **Can't make bail** - Are often detained because they have no income and can't make bail.
- ◆ **Have more difficulty coping** - Experience more fights, infractions, and sanctions while incarcerated, resulting in longer sentences and more jail or prison time
- ◆ **Are more vulnerable** - To being exploited or manipulated by other inmates. *A recent NC found people with Mental Illness are 3 X more likely to be victims of violent crime than people without Mental Illness.*

# Jail diversion =

*Avoiding or radically reducing jail time by using community-based treatment as an alternative.*

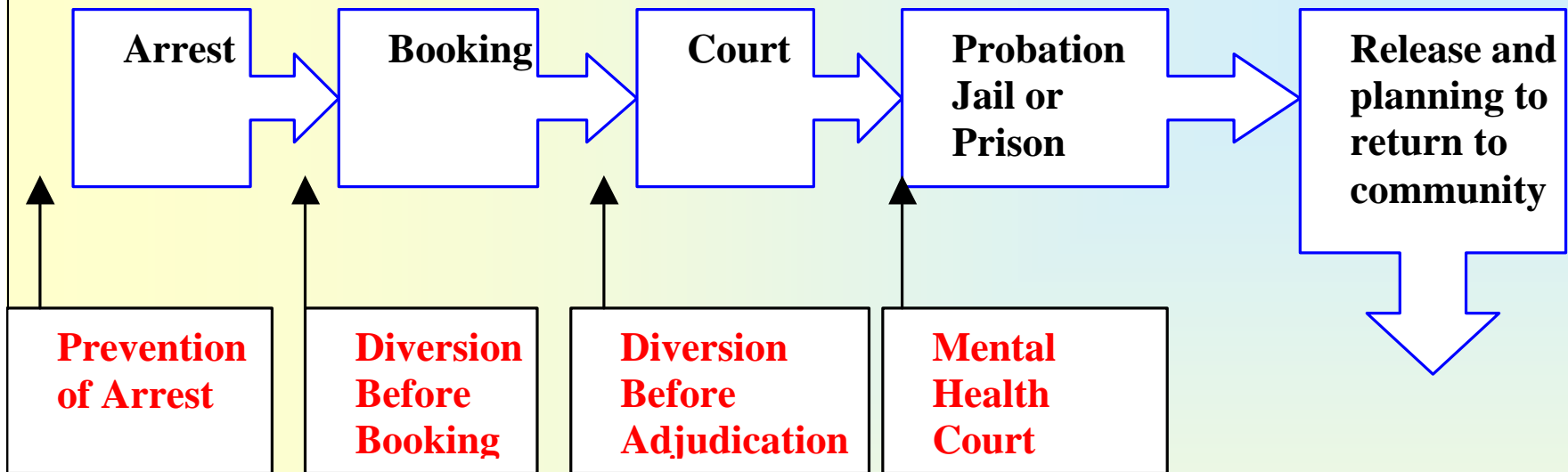


# Two Categories Of Jail Diversion Initiatives

- **Pre-booking** - Provide community based alternatives to arrest and incarceration. Most include a 24 hour crisis unit with a no refusal policy for law enforcement.
- **Post-booking** - Following arrest and with the agreement of the court, involvement in treatment in the community.



## Where Diversion Can Occur

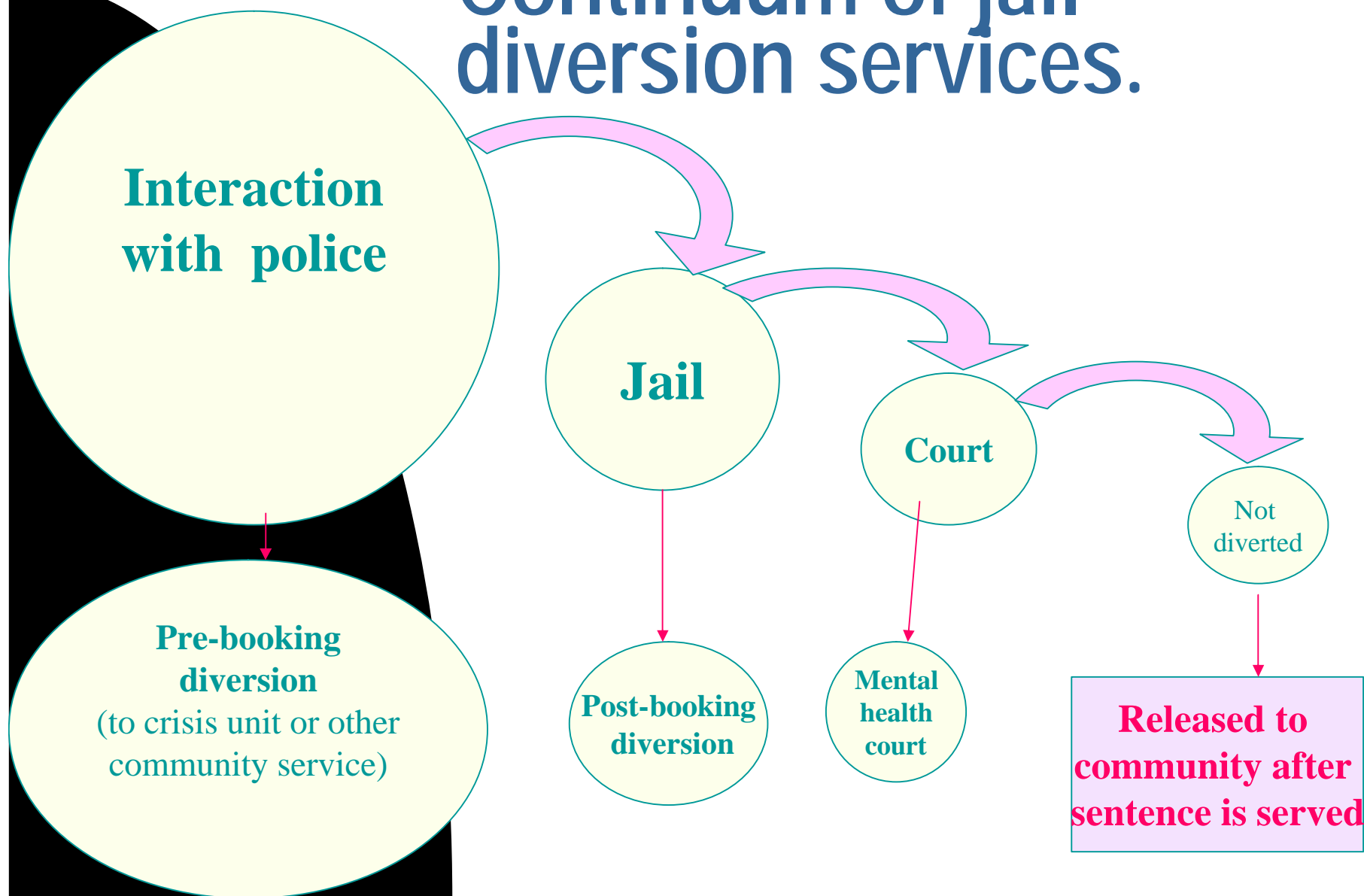


Violation of Rights

Cost Effectiveness of Intervention

*The earlier the diversion is in the criminal justice process, the better!*

# Continuum of jail diversion services.



# Models of Pre-booking Initiatives

- Comprehensive Advanced Response
  - ◆ Training model - traditional police response.
- 1st Responder Model
  - ◆ Memphis Crisis Intervention Team (CIT):
    - ☞ Uses specially selected officers trained to assess and respond to people with mental illness.
- Expertise Model
  - ◆ Mobile Crisis Teams (MCT)
    - ☞ MH pros provide secondary response. LEOs call MCT for assistance if mental illness is suspected.
- Mental Health Profs imbedded in Police Dept.
  - ◆ MH pros employed by the police to provide on-site and telephone consultations to officers.

# Comprehensive Advance Response

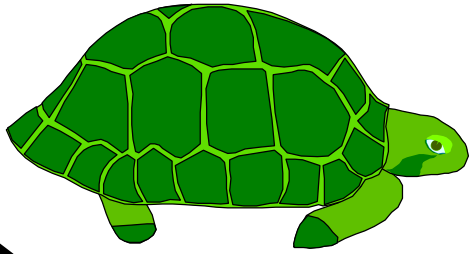
- A training model with traditional response.
  - ◆ All LEOs receive 40 hours of extra training on mental illness. No special unit or procedures established.



# Mobile Crisis Teams (MCT)

- Expertise Model

- ◆ Civilian professionals provide the on-site response when called by LEOs to a scene where a situation involving a person with mental illness is suspected.
- ◆ Some MCT provide transportation after the intervention.
- ◆ Can provide follow-up to assure linkage / stability
- ◆ Can ease police discomfort in dealing with people with psychiatric problems.
- ◆ Can bring more training / expertise to bear on a crisis situation.



# Issues with Mobile Crisis Teams

- Police need to be willing to call the MCT
- Frequent meetings are needed
  - ◆ To clarify and re-clarify roles and responsibilities.
  - ◆ To review critical situations with law enforcement and debrief - learn from each other and the event.
- Communication with Officer in Charge is critical.
  - ◆ Trust & respect between MCT and LEO is needed
- MCT needs to defer re: safety issues.
- MCT needs to give immediate priority to LEO calls.
  - ◆ Should be available 24 / 7.
  - ◆ Cell phones in cars can help



# Mental Health workers in law enforcement agencies

- Licensed mental health professionals work are employed by the police.
- May or may not be sworn LEOs
- Usually are secondary responders (not primary responders) to situations.
- May provide linkage to services following the crisis
- Often have lots of other duties related to their mental health expertise (I.e., domestic violence, dealing with victims / families re: deaths, etc.)



# Reasons for choosing the CIT model

- Police can provide immediate response
- Police can de-escalate potentially violent encounters - or deal with them if the situation turns violent
- Police provide 24 / 7 coverage
- Police are who the public calls

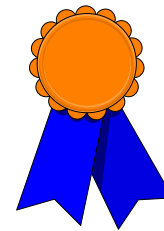


# When law enforcement responds to calls on people with mental illness...

- The arrest rate is 20% when no specialized response exists.
- The arrest rate is 7% when some form of specialized response exists.
- The arrest rate for the Memphis CIT program is just 2%.
  - ◆ Percent of incidents resolved on scene = 23%
  - ◆ Percent of incidents resulting in the person being transported to a crisis unit = 75%

# Comparisons of pre-booking models

- Three models were examined to determine the proportion of police “mental disturbance” calls that resulted in a specialized response.
- The results....
  - ◆ Birmingham MH “imbedded” model - 28%
  - ◆ Louisville mobile crisis model - 40%
  - ◆ Memphis CIT model - 95%

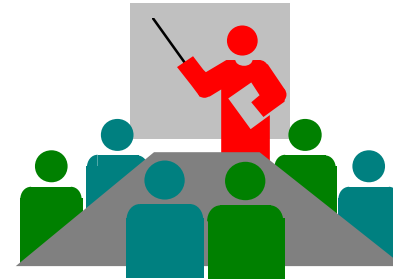


- Steadman, H., et.al, Comparing outcomes of major models of police responses to mental health emergencies. Psychiatric Services, May 2000.

# CIT Training

## Didactic

• Formal lectures on mental  
illness, medications and  
intervention



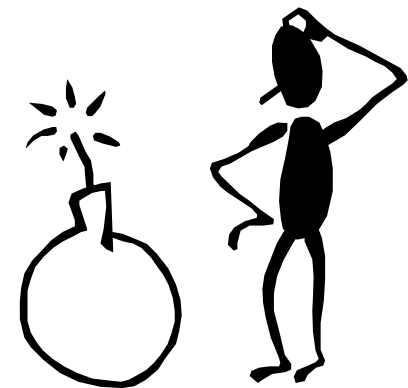
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# CIT is a win, win, win proposition!

## ■ For the Community:

- ◆ Costs are reduced as consumers are diverted from expensive arrest and jail into less expensive and more effective community treatment.
- ◆ Mental health and co-occurring substance abuse problems are addressed sooner and more consistently.
- ◆ The cycle of homelessness / jail is interrupted.

# CIT is a win, win, win proposition!

- **For Consumers:**

- ◆ Better relationships are developed between consumers and law enforcement officers.
- ◆ The stigma of unnecessary incarceration in local jails is removed.
- ◆ Consumers receive more timely, efficient, and therapeutic assessments and treatment.

# CIT is a win, win, win proposition!

- **For Law enforcement:**
  - ◆ Specialized training enhances community policing efforts.
  - ◆ Risk of injury is significantly reduced.
  - ◆ Jailers do not have to contend with inappropriately incarcerated individuals who are difficult and costly to serve.

*“For many law enforcement agencies, policy change often comes only on the heels of a lawsuit or an embarrassing major incident. However, instead of waiting for that fatal police shooting or the federal investigation for excessive force, law enforcement leaders should go on the offensive, be proactive, and implement policy that will help mitigate a plaintiff’s civil claim.”*

**- Article on CIT model**

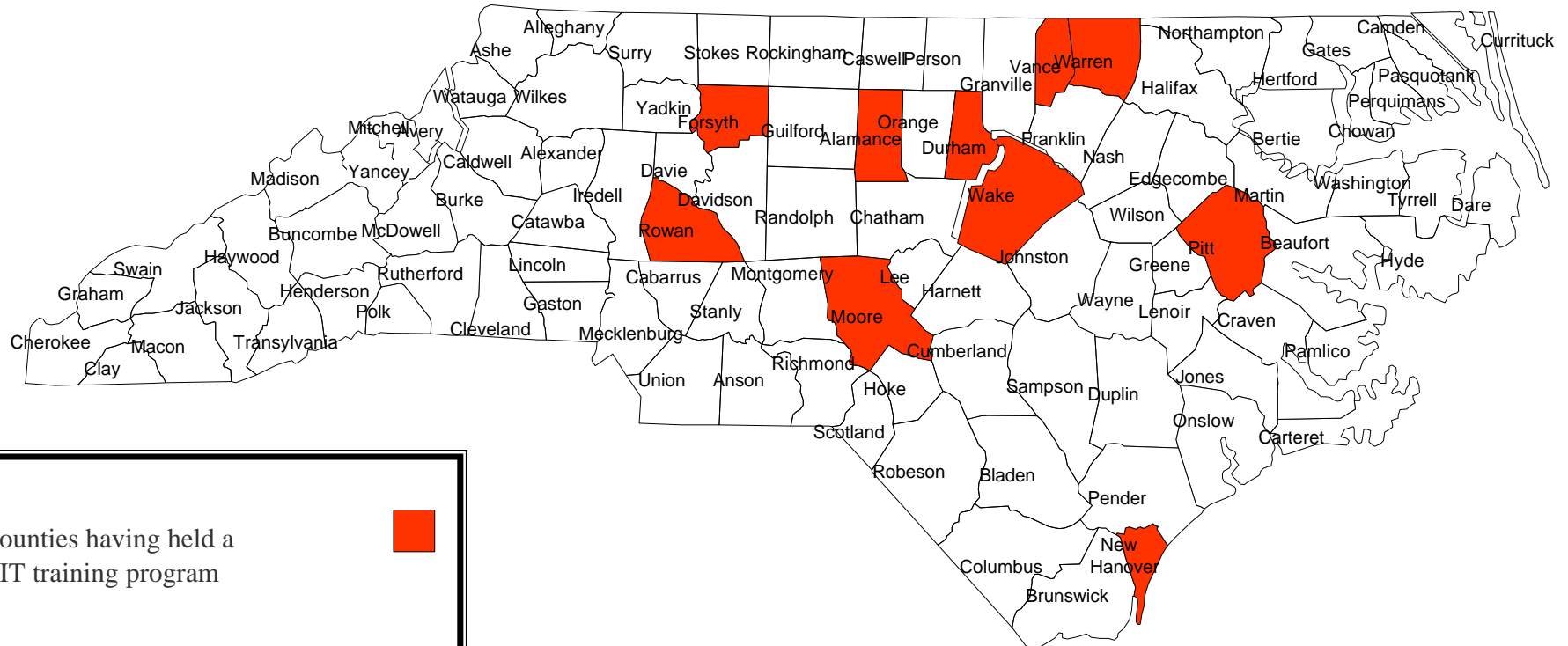
**- FBI Law Enforcement Bulletin, July 2004**

# Outcomes for Memphis CIT model

- Reduces officer's and consumer's injury rate.
- Reduces need for lethal force.
- Reduces unnecessary incarceration of people with mental illness.
- Improves officer's de-escalation skills.
- Improves officer's knowledge of mental illness.
- Trains officers with knowledge of community resources.
- Reduces time officers spend in the ER or crisis unit.
- Reduces myths / stigma of mental illness among law enforcement.
- Improves law enforcement / mental health / advocacy relationships.



# CIT in North Carolina by April 2008



# Awards / Recognition for the Wake CIT program

- Program of Excellence: Partnerships  
to improve community services  
*Council of Community Programs*



- Cited as a “Ray of hope in the  
*News & Observer* article by Verla  
*representative and chairwoman of*  
*Committee on Mental Health Reform.*

# For More Information about Jail Diversion

- The Tapa Center is the organization contracted by SAMSHA to provide technical assistance to jail diversion programs. Contact them at: [www.tapacenter.org](http://www.tapacenter.org) or (866) 518-8272
- The GAINS Center is a national organization that collects and disseminates information about effective services for people with co-occurring disorders in contact with the justice system. Access them at: [www.gainscenter.com](http://www.gainscenter.com)
- The Consensus Project is an national effort to provide information, research and support to organizations attempting to help people with mental illness in the criminal justice system. It is sponsored by the Council of State Governments. They may be reached and their report downloaded at: [www.consensusproject.org](http://www.consensusproject.org)
- Or [Bob.Kurtz@ncmail.net](mailto:Bob.Kurtz@ncmail.net) or 919 / 715-2771